NICE HTA oseltamivir, amantadine and zanamivir – influenza treatment: Comments on Appraisal Consultation Document

October 2008

Diabetes UK is one of Europe's largest patient organisations. Our mission is to improve the lives of people with diabetes and to work towards a future without diabetes through care, research and campaigning. With a membership of up to 175,000, including up to 6,000 health care professionals, Diabetes UK is an active and representative voice of people living with diabetes in the UK.

Facts about diabetes

- Prevalence of diabetes is 2.3 million in the UK.[1]
- Diabetes affects the young and old, and has particularly poor outcomes in those of lower socio-economic status and in those from black and minority ethnic groups.[2,3]
- Evidence is available supporting the need for improved education of people with diabetes and their carers if better control and improved outcomes are to be achieved.[4,5,6]
- Diabetes, if undetected or not well managed, can lead to many complications and have a devastating impact on quality of life.

Diabetes UK comments on the Appraisal Consultation Document for oseltamivir, amantadine, zanamivir for the treatment of influenza (including a review of existing guidance no. 58)

Detailed response regarding points ii), iii), iv)

ii) Do you consider that the summaries of clinical and cost effectiveness are reasonable interpretations of the evidence and that the preliminary views on the resource impact and implications for the NHS are appropriate?

It is vital that the implementation guidance that accompanies this appraisal, and the prophylaxis appraisal, both emphasise the need for awareness raising regarding the importance of the influenza vaccination as means of preventing influenza in the first instance. Whereas it is important that these technologies are available as a treatment choice where individuals have developed the flu, the availability of these technologies as potential treatment for influenza must not act as a deterrent from getting the influenza vaccination for individuals from at risk groups including people with diabetes.

With regard to implementation further consideration should be given to consultation time, particularly in ensuring that the necessary screening for contraindications can be undertaken in time to enable these technologies to be prescribed.

1.3 As outlined previously Diabetes UK particularly welcomes recommendation 1.3 that emphasises that decisions as to which technology is used are based on discussion and consider issues such as preference regarding delivery, potential adverse effects and contraindications.

iii) Do you consider that the provisional recommendations of the Appraisal Committee are sound and constitute a suitable basis for the preparation of guidance to the NHS?

1.1 Sufficient awareness raising must be undertaken to ensure that individuals who suspect they may have flu symptoms can attend their GP practice in time to have the necessary screening for contraindications undertaken prior to being prescribed a technology as a treatment.

1.2 Diabetes UK welcomes the inclusion of diabetes mellitus in the list of "at risk" groups and would like to emphasise once more that this must include **all** people with diabetes including those who are treated by diet and lifestyle measures alone.

1.5 The Committee has decided not to recommend amantadine having considered there was not sufficient evidence of clinical effectiveness. Diabetes UK is mindful of the above and would encourage NICE to review their position in the future in light of any further evidence or research made available. Provided it is safe and effective, and the necessary screening for contraindications has been undertaken, this technology could be an option for treatment in instances where other treatments and technologies considered in this appraisal are inappropriate or contraindicated.

iv) Are there any equality related issues that may need special consideration?

1.4 People from at risk populations residing in residential institutions must also have their needs considered. The recommendation as it currently stands does not explicitly include, for example those at risk residing in prisons, despite acknowledgement within the ACD in section 4.3.17.

General Enabling and supporting timely access to these technologies for people without a fixed address must also be considered within the implementation guidance.

References

[1] http://www.diabetes.org.uk/Professionals/Information_resources/Reports/Diabetes-prevalence-2007/

[2] Chaturverdi N, Jarret J, Shipley MJ, Fuller JH. Socio-economic gradient in morbidity and mortality in people with diabetes: Cohort study findings from the Whitehall Study and the WHO multinational study of vascular disease in diabetes.BMJ 1998; 316:100-106

[3] Mather HM, Chaturverdi N, Fuller JH. Mortality and morbidity from diabetes in South Asians and Europeans: 11 year follow-up of the Southall Diabetes Survey, London, UK. Diabetic Medicine 15: 53-59

[4] UK Prospective Study Group (UKPDS). Effect of intensive blood glucose control with metformin on complications in overweight patients with type 2 diabetes (UKPDS 34) The Lancet. Vol 352, September 12, 1998

[5] Diabetes Control and Complications Trial (DCCT) Research Group. The effect of intensive treatment of diabetes on the development and progression of long-term complications in insulin-dependent diabetes mellitus. The New England Journal of Medicine. Vol 329: 14. September 30, 1993

[6] UK Prospective Diabetes Study Group (UKPDS). Tight blood pressure control and risk of macrovascular and microvascular complications in type 2 diabetes (UKPDS 38). BMJ Volume 317, 12 September 1998